

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 28, 1983

## ALL-COUNTY INFORMATION NOTICE I-106-83

TO: ALL COUNTY WELFARE DIRECTORS  
ALL DISTRICT ATTORNEYS

ATTENTION SPECIAL INVESTIGATIVE UNITS

SUBJECT: AFDC BENEFITS PROJECT USER MANUAL

## REFERENCE:

Attached for your information is the "AFDC Benefits Project User Manual" developed by the Office of the Inspector General, U.S. Department of Health and Human Services (DHHS). This information is being provided to assist local investigators and prosecutors in obtaining information about benefits paid under Titles II and XVI of the Social Security Act. Title II benefits include Retirement, Survivors, Disability, and Black Lung benefits; Title XVI is the Supplemental Security Income (SSI) Program.

The "AFDC Benefits Project User Manual" outlines the type of information available from the records of the Social Security Administration (SSA) and the U.S. Treasury Department. In addition, it explains how to request this service and provides the forms to be used by the counties in requesting assistance and in reporting individual case results for project evaluation purposes. These forms may be reproduced locally.

The DHHS Regional Project Agent for the State of California (Region IX), responsible for assisting the counties in obtaining the SSA benefit information is:

Mr. Hamp Noles  
P.O. Box 42516  
San Francisco, CA 94101  
(415) 556-6937  
FTS 8-556-6937

Please review the attached materials for specifics on how the AFDC Benefits Project can assist your agency. Counties are reminded that information obtained through this project may be used only in connection with the investigation and prosecution of suspected violations in the public assistance programs. Accordingly, all local welfare fraud investigative units are authorized to use this service.

If you need additional information on this project or the service it provides, please contact Michael F. Back, Chief, Fraud Program Management Bureau, State Department of Social Services at (916) 924-2836.

Sincerely,

A handwritten signature in black ink, reading "Joanne A. Hoffmann". The signature is written in a cursive style with a large, stylized initial "J".

JOANNE A. HOFFMANN  
Deputy Director  
Management Systems and  
Evaluation Division

Attachment

cc: CWDA

AFDC BENEFITS PROJECT  
USER'S MANUAL

I. PURPOSE: The AFDC Benefits Project was established by Richard P. Kusserow, Inspector General of the Department of Health and Human Services, to assist State and local agencies in the detection and prosecution of fraud against Federal/State income maintenance and benefit programs. It provides a simple and expeditious way for State and local investigators and prosecutors to obtain information about benefits paid under Titles II and XVI of the Social Security Act. Title II benefits include Retirement, Survivors, Disability, and Black Lung benefits; Title XVI is the Supplemental Security Income program.

II. WHO MAY USE THIS SERVICE: State and local agencies involved in the investigation and prosecution of fraud against Federal, State and local income maintenance, medical assistance, and welfare programs may use the services of the AFDC Benefits Project to obtain the information described below from the records of the Social Security Administration and the Treasury Department. Agencies that used this service before January 1, 1983 are assumed to be authorized users, and may continue to use the service.

Agencies that have not previously used these services should submit a written request to the Regional Project Agent for their region, indicating the program(s) for which the agency is responsible and the legal authority under which the agency operates.

III. AUTHORIZED USES OF INFORMATION: Information obtained from Social Security Administration and Treasury Department records through the AFDC Benefits Project may be used only in connection with the investigation and prosecution of fraud against Federal, State and local income maintenance, medical assistance, and welfare programs. Requests for this information for other purposes, such as investigations or prosecutions of violations of other laws or statutes, must be denied. This service is not available to law enforcement agencies not engaged in the investigation or prosecution of violations of benefits programs.

IV. TYPES OF INFORMATION AVAILABLE: State and local agencies may obtain information concerning the accuracy of social security numbers, provided by applicants for benefits, eligibility for and payment of benefits under Title II and XVI of the Social Security Act, and the issuance of Title II and XVI benefit checks by the Treasury Department.

A. Verification of the Accuracy of Social Security Numbers. The AFDC Benefits Project will provide information from SSA's records to verify whether the social security number (SSN) provided by an applicant for State or local income maintenance or medical assistance benefits is the number issued to that individual. The Project will notify the requesting agency that the

name and number provided do or do not match with SSA's enumeration records. The Project cannot provide a name to match a number or a number to match a name. The requester must provide both the name and the SSN which are to be verified.

B. Benefit Payment Extracts. Where the applicant for or recipient of State and local benefits is also receiving Title II or Title XVI benefits from the Social Security Administration, the Project can provide certified extracts of the benefits paid to that individual and members of his/her family who are receiving benefits. These extracts will show the date that the beneficiary became entitled to benefits, the months for which benefits were paid, and the amount of benefits paid.

C. Photocopies of Benefit Checks. If there is a need to prove that a state or local welfare applicant or recipient also actually received and negotiated benefit check(s), the Project can request and provide certified photocopies of Title II and XVI benefit checks issued by the Treasury Department. Check copy requests are limited to 3 checks per calendar year and a maximum of 18 checks per case. Copies of checks should not be requested for any period beyond the statute of limitations on prosecutions (normally 5 years).

V. HOW TO REQUEST SERVICE: The form to use to request service from the Project is attached (Attachment 2). This form should be reproduced locally, signed by the requesting official, and mailed directly to:

AFDC Benefits Project Manager  
OI, OIG, HHS  
P.O. Box 21024  
Baltimore, MD 21228

A separate request form should be used for each case or each request. Project services may be requested sequentially (e.g., first request SSN verification; upon receiving verification, request a certified benefits extract; and upon receiving the extract, request check photocopies), or all needed services may be requested at the same time on the same form.

VI. CASE COMPLETION REPORT: Each requesting agency will be required to submit a report to the AFDC Benefits Project upon completion of their action on the case, summarizing the results achieved on the case. This report should be submitted on Project Form 8S attached (Attachment 3). This information is necessary to allow the Office of the Inspector General to evaluate and improve the results and benefits of this service. Receipt of a completed form 8-S will also permit the Project to discontinue efforts on a case where violations aspects are closed while requests to the Project are pending.

VII. ROLE OF THE REGIONAL PROJECT AGENT: A Regional Project Agent (RPA) has been designated for each of the 10 geographic regions of the Department of Health and Human Services, to serve as the primary point of contact between the Project and the State and local agencies in that region.

While requests for service will be mailed directly to the Baltimore address, and responses will be mailed directly back to the requester, all other contacts with the Project should be made through the RPA. The RPA will:

A. Approve requests to use the Project's services by agencies that have not previously used it.

B. Provide advice and guidance to State and local agencies concerning the services available, what type of information to request to successfully pursue a case, how to request that information, and how to interpret the information received from the Project, including how to read computer printouts that may be provided.

C. Answer inquiries from requesting agencies concerning the status of requests that have been submitted.

VIII. STATUS REPORTS ON PENDING REQUESTS: All inquiries concerning the status of requests for information submitted to the Project should be made to the Regional Project Agent. The Project will not routinely acknowledge receipt of a request; requesting agencies may send their requests by certified mail, return receipt requested, if a guarantee is needed that the request has been received. Requesting agencies should allow sufficient time to process and respond to the request before asking for the status of the request. Requesters should allow at least 4 weeks for verification of SSN's, 6 weeks for certified benefit extracts, and 8 weeks for photocopies of checks.

IX. EXPEDITED SERVICE: The Project may be able to expedite SSN verifications and certified benefit extracts in those situations where the case is scheduled for trial in the immediate future. If expedited service is required, the RPA should be notified so that he/she may alert the Project Manager that the request is coming and provide the subject's SSN, name, and time period for which a certified extract is needed. The request form should specify the scheduled trial date, and should be sent by express mail to the Project Manager at the address given above.

There is no procedure at this time for obtaining expedited certified check photocopies.

X. EXPERT WITNESSES: The Project will attempt to provide expert witnesses when testimony is required to introduce documents as evidence. A written request for an expert witness should be mailed to the Project Manager well in advance of the scheduled trial date. The request should specify the document for which testimony is required.

#### Attachments

Project Form 1  
Project Form 8-S

Send To: AFDC Benefits Project Manager  
 OI, OIG, HHS  
 P.O. Box 21024  
 Baltimore, Maryland 21228

Case Name : \_\_\_\_\_

Case Number : \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(CHECK ONLY THOSE SERVICES REQUIRED )

☐ Social Security Number Verification

Please advise whether the above social security number is assigned to the subject individual identified below.

Subject's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Father's Name \_\_\_\_\_

☐ Certified Extract of Benefit Payments

Please provide a certified extract of ☐ Title II (and/or) ☐ Title XVI (SSI) benefits paid on the social security number of:

Name \_\_\_\_\_ SSN \_\_\_\_\_

to any of the following:

Recipient's Name \_\_\_\_\_ SSN \_\_\_\_\_

Recipient's Name \_\_\_\_\_ SSN \_\_\_\_\_

Recipient's Name \_\_\_\_\_ SSN \_\_\_\_\_

Recipient's Name \_\_\_\_\_ SSN \_\_\_\_\_

Time Period of Payments in Question \_\_\_\_\_

☐ Certified Photocopies of Benefit Checks

☐ On the attached benefit extract we have indicated which check copies are necessary for prosecution. Please provide a certified check photocopy for each payment indicated.

☐ Attached is a list of check dates and amounts. Certified photocopies of these checks are requested for prosecutive purposes.

This request is made as part of an investigation of a possible fraud/violation of the \_\_\_\_\_ program.

NOTE: IF A PRELIMINARY HEARING HAS BEEN HELD AND THE TRIAL DATE SET, PLEASE

ENTER DATE HERE: \_\_\_\_\_

Signature of Requester: \_\_\_\_\_

Name of Requester : \_\_\_\_\_

Title : \_\_\_\_\_

Address : \_\_\_\_\_

Phone Number : ( ) \_\_\_\_\_  
 (including area code)

☐ ATTACHMENT

OFFICE OF THE INSPECTOR GENERAL  
SOCIAL SECURITY PROGRAM INTEGRITY DIVISION  
AFDC PROJECT CASE STATUS REPORT

CASE NO. \_\_\_\_\_

SUBJECT NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

CONVICTION (s):

DATE:

REMARKS:

INCARCERATION:  
SUSPENDED:

RESTITUTION:  
SUSPENDED:

PROBATION:

FINE:

RECOVERY:

SETTLEMENT:

CIVIL JUDGE:

SAVINGS:

PUBLIC SERVICE:

ADMINISTRATIVE ACTIONS: (including defunding, sanctions against employees,  
voluntary resignations, etc.)

ADDITIONAL REMARKS:

PERSON MAKING REPORT: \_\_\_\_\_

TITLE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

PHONE: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_